

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	RH	70591	10/15
O.I.P.E. CLASSIFIER		21	0169100
FORMALITY REVIEW	H-S	JC86	11-15-00
RESPONSE FORMALITY REVIEW	Rm	281	04-12-01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1	6
2	2
3	2
4	N
5	✓
6	
7	
8	
9	✓
10	N
11	✓
12	✓
13	N
14	N
15	N
16	N
17	N
18	N
19	N
20	N
21	N
22	✓
23	
24	
25	
26	
27	
28	
29	
30	
31	
32	
33	
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36	
37	
38	
39	
40	
41	
42	✓
43	N
44	✓
45	
46	
47	
48	
49	
50	✓

Claim	Date
Final	
Original	
51	6
52	2
53	N
54	✓
55	N
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99	
100	N

Claim	Date
Final	
Original	
101	6
102	2
103	N
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125	
126	✓
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If more than 150 claims or 10 actions  
staple additional sheet here

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